

Mental Disabilities Board of Visitors

Standards for Site Reviews of Mental Health Facilities

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Standards for Site Reviews of Mental Health Facilities

1 *Organizational Planning and Quality Improvement*

Criteria - Planning

- 1.1 The mental health service produces and regularly reviews a strategic plan.
- 1.2 The strategic plan of the mental health service is developed and reviewed through a process of consultation with staff, consumers, family members/carers, other appropriate service providers and the defined community.

The plan includes:

- consumer and community needs analysis
 - strategy for increasing the use of evidence-based practices ^{1 2}
 - strategy for the measurement of health and functional outcomes for individual consumers
 - strategy for maximizing consumer and family member / carer participation in the mental health service
 - strategy for improving the skills of staff
- 1.3 The mental health service has operational plans based on the strategic plan, which establish time frames and responsibilities implementation of objectives.

Criteria - Quality Improvement

- 1.4 The mental health service has and uses a plan of continuous quality improvement to evaluate and improve all of its activities related to services to consumers and families.
- 1.5 Designated staff of the mental health service are accountable and responsible for the continuous quality improvement process.
- 1.6 The mental health service is able to demonstrate a process of continuous quality improvement that directly affects health and functional outcomes for individual consumers.

¹ Adults: Illness Management and Recovery, Assertive Community Treatment, Family Psycho-education, Supported Employment, Co-occurring Disorders.

² Children: Family Education and Support Services, Family-Based Prevention and Intervention Programs, In-Home Crisis Services, Home and Community-Based Services Waiver, Intensive Case Management, and School-Based Mental Health Services.

2 Rights, Responsibilities, and Safety

Criteria - Rights and Responsibility

- 2.1** The mental health service defines the rights and responsibilities of and provides verbal and written information about rights and responsibilities to consumers and family members/carers.
- 2.2** The mental health service actively promotes consumer access to independent advocacy services by:
- providing verbal and written information
 - prominently displaying in all of its facilities posters and brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program
- 2.3** The mental health service has an easily accessed, responsive, and fair complaint / grievance procedure for consumers and their family members/carers to follow.
- 2.4** The mental health service provides to consumers and their family members/carers at the time of entering services written and verbal information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances.

Criteria - Safety

- 2.5** The mental health service protect consumers from abuse, neglect, and exploitation by its staff or agents.
- 2.6** The mental health service has fully implemented the requirements of 53-21-107, MCA with regard to reporting on and investigating allegations of abuse and neglect.
- 2.7** In investigations of allegations of abuse, neglect, or exploitation of consumers by its staff or agents, the mental health service thoroughly analyzes the events and actions that preceded the alleged abuse, neglect, or exploitation – including actions and/or non-actions of its staff or agents.
- 2.8** After an allegation of abuse, neglect, or exploitation of a consumer by its staff or agents is determined to be substantiated, the mental health service debriefs all related circumstances – including all staff and supervisory actions or non-actions that could have contributed to the abuse, neglect, or exploitation – in order to decrease the potential for future recurrence.
- 2.9** Staff of the mental health service are regularly trained to understand and to skillfully and safely respond to aggressive and other difficult consumer behaviors.
- 2.10** The mental health service gives consumers access staff of their own gender.
- 2.11** The mental health service uses special treatment procedures that involve behavior control, mechanical restraints, locked and unlocked seclusion or isolation, time out, etc. in a manner that is:
- clinically justified
 - properly monitored
 - implemented only when other less restrictive measures have failed
 - implemented only to the least extent necessary to protect the safety and health of the affected individual or others in the immediate environment.
- 2.12** The mental health service debriefs events involving special treatment procedures, emergency medications, aggression by consumers against other consumers or staff, and consumer self-harm; retrospectively analyzes how such events could have been prevented; and supports staff and consumers during and after such events.

3 Consumer and Family Member / Carer Participation

Criteria

- 3.1** The mental health service identifies in the service record consumers' family members/carers and describes the parameters for communication with them regarding consumers' treatment and for their involvement in treatment and support.
- 3.2** The mental health service assessments, treatment planning sessions, and treatment reviews proactively include the participation of consumers and – with consent - family members/carers.
- 3.3** When a diagnosis is made, the mental health service provides the consumer and – with consent - family members/carers with information on the diagnosis, options for treatment and possible prognoses.
- 3.4** The mental health service proactively provides consumers, and – with consent - family members/carers a copy of the treatment plan.
- 3.5** The mental health service reviews exit plans in collaboration with consumers and – with consent - family members/carers as part of each review of the individual service plan.
- 3.6** The mental health service promotes, encourages, and provides opportunities for consumer and family member/carers participation in the **operation** of the following components of the mental health service:
- participation in developing the strategic plan and plan for continuous quality improvement
 - advisory groups
 - participation in public meetings
 - interviews and selection of prospective staff
 - peer and staff education and training
 - family and consumer peer support
- The mental health service has written descriptions of these activities.
- 3.7** The mental health service promotes, encourages, and provides opportunities for consumer and family member/carers participation in the **evaluation** of the following components of the mental health service:
- 'customer service'
 - effectiveness of communication with consumers and family members/carers
 - measurement of health and functional outcomes of consumers

The mental health service has written descriptions of these activities.

4 Cultural Competence

Criteria

- 4.1** The mental health service has a Cultural Competence Plan – developed with the assistance of recognized experts - that includes defined steps for its integration at every level of organizational planning.
- 4.2** The mental health service defines expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of all people in the community, with a specific emphasis on American Indian people.
- 4.3** The mental health service provides staff training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to all people in the community, with a specific emphasis on American Indian people.
- 4.4** The mental health service services include therapeutic modalities that address specific cultural issues and are implemented with specific cultural values.
- 4.5** The mental health service services include the use relevant community cultural services and resources.
- 4.6** Based on relevant, individually-identified cultural issues, the mental health service treatment plans are developed with a culturally competent clinician or in consultation with such a clinician.
- 4.7** The mental health service develops links with other service providers / organizations that have relevant experience and expertise in the provision of mental health treatment and support to people from all cultural / ethnic / religious / racial groups in the community, with a specific emphasis on American Indian people.
- 4.8** The mental health service has a plan for recruitment, retention, and promotion of staff from cultural/racial/ethnic backgrounds representative of the community served with a specific emphasis on American Indian people.
- 4.9** With regard to its own staff, the mental health service monitors and addresses issues associated with cultural / ethnic / religious / racial prejudice and misunderstanding, with a specific emphasis on prejudice toward and misunderstanding of American Indian people.

5 Staff Competence, Training, Supervision, and Relationships with Consumers

5.1 Competence and Training

Criteria

- 5.1.1 The mental health service defines optimum knowledge, skill, and competence expectations for each staff position providing services to consumers.
- 5.1.2 The mental health service has a written training curriculum for new staff focused on achieving optimum knowledge, skill, and competence levels defined for each position providing services to consumers.
- 5.1.3 The mental health service trains new staff in job-specific knowledge, skill, and competence prior to working with consumers OR requires new staff to demonstrate defined optimum knowledge and competence prior to working with consumers.
- 5.1.4 The mental health service proactively provides staff opportunities for ongoing training including NAMI-MT Provider Training, NAMI-MT Mental Illness Conference, Mental Health Association trainings, Department of Public Health and Human Services trainings, and professional conferences.
- 5.1.5 The mental health service periodically assesses current staff and identifies and addresses knowledge and competence deficiencies.

5.2 Supervision

Criteria

- 5.2.1 The mental health service provides active formal and informal supervision to staff.
- 5.2.2 Supervisors are trained and held accountable for appropriately monitoring and overseeing the way consumers are treated by line staff.
- 5.2.3 Supervisors are trained and held accountable for appropriately monitoring, overseeing, and ensuring that treatment and support is provided effectively to consumers by line staff according to their responsibilities as defined in treatment plans.

5.3 Relationships with Consumers

Criteria

- 5.3.1 Mental health service staff demonstrate respect for consumers by incorporating the following qualities into the relationship with consumers:
 - active engagement
 - positive demeanor
 - empathy
 - calmness
 - validation of the desires of consumers

5.4 Active Engagement with Consumers

Criteria

- 5.4.1 Mental health service direct care staff (case managers, group home staff, day treatment staff, psychiatric technicians, etc.) demonstrate proactive, assertive, supportive, engagement with consumers in every applicable environment (including facility-based community programs, case management in the community, residential programs, group homes, hospital inpatient programs, etc.).
- 5.4.2 Mental health service professional staff are consistently present in all treatment environments interacting with direct care staff and consumers teaching, modeling, and reinforcing healthy, constructive, respectful interactions.
- 5.4.3 Mental health service supervisors ensure that direct care staff spend their time with consumers engaged in consistently positive, recovery-oriented incidental interactions.

6 Treatment and Support

6.1 General

Criteria

- 6.1.1 A written treatment plan is in place and is being implemented for every consumer receiving services from the mental health service.
- 6.1.2 A written discharge plan is in place for every consumer receiving services from the mental health service.
- 6.1.3 For all new or returning consumers, the mental health service performs a thorough physical / medical examination or ensures that a thorough physical / medical examination has been performed within one year of the consumer entering / re-entering the service.
- 6.1.4 The mental health service links all consumers to primary health services and ensures that consumers have access to needed health care.
- 6.1.5 The mental health service proactively rules out medical conditions that may be responsible for presenting psychiatric symptoms.
- 6.1.6 The mental health service ensures that consumers have access to needed dental care.

6.2 Evidence-Based Services

Criteria

- 6.2.1 The mental health service provides treatment and support to adults that incorporates the following SAMHSA-identified evidence-based practices: Illness Management and Recovery, Assertive Community Treatment, Family Psychoeducation, Supported Employment, Integrated Treatment for Co-occurring psychiatric and substance use disorders.

6.3 Housing

Criteria

- 6.3.1 The mental health service ensures that consumers have access to safe, affordable, quality housing in locations that are convenient to community services and amenities.

- 6.3.2** The mental health service provides support and advocacy to consumers in communicating and problem-solving with landlords.
- 6.3.3** The mental health service works closely with landlords to ensure that consumers do not lose their housing during periods of hospitalization or other temporary out-of-community treatment, or other illness-related circumstances.
- 6.3.4** The mental health service provides access to and assistance with options for consumer home ownership.

6.4 Education

Criteria

- 6.4.1** The mental health service facilitates access to opportunities for continuing education.

6.5 Employment

Criteria

- 6.5.1** The mental health service assists consumers to find and keep competitive employment through a supported employment model.

6.6 Co-Occurring Psychiatric and Substance Use Disorders

Criteria

- 6.6.1** The mental health service has fully implemented the protocols established by AMDD for treatment of people who have co-occurring psychiatric and substance use disorders.

6.7 Crisis Response and Intervention Services

Criteria

- 6.7.1** The mental health service operates a 24 hour / day, 7 day / week crisis telephone line.
- 6.7.2** The mental health service lists and advertises its crisis telephone number in a manner designed to achieve maximum visibility and ease of location to people in crisis and their families.
- 6.7.3** The mental health service responds directly to its own clients, clients of other service providers, and to "unattached" individuals who call its crisis telephone line.
- 6.7.4** For crisis line callers who are engaged with another service provider, the mental health service - after responding appropriately to each caller's immediate need, and after addressing life safety concerns - carefully refers those consumers to that provider.
- 6.7.5** For crisis line callers who are not engaged with another service provider, the mental health service - after responding appropriately to each caller's immediate need, and after addressing life safety concerns - either opens the caller for services or carefully refers those callers to another provider.
- 6.7.6** The mental health service follows up on crisis line callers whom it refers out to ensure that the outside provider received the referral.

6.8 Medication

Criteria

- 6.8.1** Medication prescription protocol is evidence-based and reflect internationally accepted medical standards.
- 6.8.2** Medication is prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with laws, regulations, and professional guidelines.
- Consumers and – with consent - family members/carers are provided with understandable written and verbal information about the potential benefits, adverse effects, and costs related to the use of medication.
- 6.8.3** "Medication when required" (PRN) is only used as a part of a documented continuum of strategies for safely alleviating the consumer's distress and/or risk.
- 6.8.4** The mental health service ensures access for the consumer to the safest, most effective, and most appropriate medication and/or other technology.
- The mental health service acknowledges and facilitates consumers' right to seek opinions and/or treatments from other qualified prescribers and promote continuity of care by working effectively with other prescribers.
- 6.8.6** Where appropriate, the mental health service actively promotes adherence to medication through negotiation and education.
- 6.8.7** Wherever possible, the mental health service does not withdraw support or deny access to other treatment and support programs on the basis of consumers' decisions not to take medication.
- 6.8.8** For new consumers, there is timely access to a psychiatrist or mid-level practitioner for initial psychiatric assessment and medication prescription within a time period that does not, by its delay, exacerbate illness or prolong absence of necessary medication treatment.
- 6.8.9** For current consumers, there are regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, to adjust prescriptions, and to address clients' questions / concerns.
- 6.8.10** When legitimate concerns or problems arise with prescriptions, clients have immediate access to a psychiatrist or mid-level practitioner.
- 6.8.11** Medication allergies, side effects, adverse medication reactions, and abnormal movement disorders well documented, monitored, and promptly treated.
- Consumers taking antipsychotic medication are monitored according to the consensus guidelines of the American Diabetes Association and American Psychiatric Association.
- 6.8.12** Medication errors are documented.
- 6.8.13** There is a quality improvement process in place for assessing ways to decrease medication errors.
- 6.8.14** Rationale for prescribing and changing prescriptions for medications is documented in the clinical record.
- 6.8.16** There is a clear procedure for the use of medication samples.
- 6.8.17** Unused portions of medications and expired medications are disposed of appropriately using – when resources are available - the protocols described in SMAR_xT DISPOSAL^{TM 3}.

³ <http://www.smarxtdisposal.net/>

- 6.8.19 There is a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects.
- 6.8.20 There is a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects.
- 6.8.21 There are procedures in place for obtaining medications for uninsured or underinsured consumers.
- 6.8.22 When a consumer who is transitioning to another service provider is taking psychotropic medications, the mental health service proactively facilitates the seamless continuation of access to those medications by ensuring that: (1) the consumer has an appointment with the physician who will be taking over psychotropic medication management, (2) the consumer has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the consumer's medication funding is established prior to the transition.

7 Access and Entry

Criteria

- 7.1 Mental health services are convenient to the community and are linked to primary medical care providers.
- 7.2 The mental health service informs the community of its availability, range of services, and process for establishing contact.
- 7.3 For new clients, there is timely access to psychiatric assessment and service plan development and implementation within a time period that does not, by its delay, exacerbate illness or prolong distress.
- 7.4 An appropriately qualified and experienced staff person is available at all times - including after regular business hours - to assist consumers to enter into mental health care.
- 7.5 The mental health service ensures that consumers and their family members/carers are able to, from the time of their first contact with the mental health service, identify and contact a single mental health professional responsible for coordinating their care.
- 7.6 The mental health service has a system for prioritizing referrals according to risk, urgency, distress, dysfunction, and disability, and for commencing initial assessments and services accordingly.

8 Continuity of Services Through Transitions

Criteria

- 8.1 The mental health service ensures smooth transitions of children into adult services if necessary and appropriate.
- 8.2 The mental health service reviews the outcomes of treatment and support as well as ongoing follow-up arrangements with each consumer and - with consent - family members/carers prior to their exit from the service.
- 8.3 The mental health service provides consumers and their family members/carers with information on the range of relevant services and supports available in the community when they exit from the service.
- 8.4 When a consumer is transitioning to another service provider, the mental health service proactively facilitates involvement by that service provider in transition planning.

- 8.5 The mental health service ensures that consumers referred to other service providers have established contact following exit from the mental health service.
- 8.6 If a consumer **was** receiving community mental health services prior to an inpatient or residential treatment admission, the community mental health service assumes primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment.
- 8.7 If a consumer **was not** receiving community mental health services prior to an inpatient or residential treatment admission, the inpatient or residential treatment service assumes primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment.
- 8.8 Leading up to and at the time of discharge, both the community service **and** the inpatient service / residential treatment service communicate and coordinate in such a way as to ensure continuity of care when a consumer is discharged from inpatient / residential treatment including - with consent - involvement of family members / carers.

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